

IOWA CHILD DEVELOPMENT COORDINATING COUNCIL

**PARENT SUPPORT GRANT
RENEWAL APPLICATION**

2006-2007

Grant #: _____

Applicant Agency: _____

Program Name/Location: _____

Number of families approved to be served under the original grant: _____

Number of families to be served during this grant period: _____

Complete application includes:

- **Cover page/income guidelines 2006**
- **Signed grant agreement form**
- **Parent Support grant contacts**
- **Budget request form**
- **DHS Declaration of Match**
- **Program assurances statement**

NOTE: The completed Renewal Application for 2006-2007 must be received and approved by the Department before first quarter 2006-2007 funding will be released to the applicant agency. The completed 2005-2006 Year End Report must be received and approved by the Department before second quarter 2006-2007 funding will be released to the applicant agency.

Grant Renewal Application Due: June 15, 2006

Submit original and 1 copy to:

**Nancy Brees, Administrative Assistant
Iowa Department of Education
Bureau of Children, Family & Community Services
Grimes State Office Building
Des Moines, Iowa 50319-0146**

**2006-2007
Income Eligibility Guidelines
for
Parent Support Grants**

Size of Family Unit	Income Guideline*
1	\$12,740
2	\$17,160
3	\$21,580
4	\$26,000
5	\$30,420
6	\$34,840
7	\$39,260
8	\$43,680

**For family units with more than 8 members, add
\$4,420 for each additional member.**

**Based on 130% of 2006 Federal Poverty Guidelines*

GRANT NUMBER: _____
(This Title/No. must be used on ALL written communication)

2006-2007
CHILD DEVELOPMENT GRANT AGREEMENT
Between

STATE OF IOWA, DEPARTMENT OF EDUCATION, (DE) CHILD DEVELOPMENT COORDINATING COUNCIL (CDCC), in care of Bureau of Children, Family & Community Services, Grimes State Office Building, Des Moines, IA 50319.

Council Contact Person: **Penny Milburn**

Phone: **(515) 727-0656**

AND

GRANTEE: _____
(Agency) (Program Name)

AGENCY'S FEDERAL IDENTIFICATION NUMBER: _____

THE COUNCIL WILL COMPENSATE FOR THE FOLLOWING SERVICES RENDERED BY GRANTEE.

Grantee will develop and implement programs and services for at-risk children ages birth-3 years as defined under Chapter 281-67, School Rules of Iowa, implementing Iowa Code Section 279.51 (1991) and as described in the grantee's 2006-2007 Grant Application.

GRANT PERIOD: **July 1, 2006 - June 30, 2007**

COMPENSATION:

\$ _____ **Grant is not to exceed amount shown on this line.**

ACCOUNTING CODE: 0001-282-3313

Revenue Source Code: 3231

PAYMENT PROVISIONS:

- (A) Quarterly payments to be made on or about July 15 (contingent upon approval of current year's application), October 1 (contingent upon approval of previous year's final report), January 2, and April 1.
- (B) Any funds not expended by June 30, 2007 must revert back to the state. A warrant for the reversion amount must accompany the year-end report to the Department of Education.
- (C) If more than 3% of the total grant amount reverts back to the Department of Education, that amount (over 3%) will be permanently deducted from future grant awards.
- (D) Year-end reports from the project are due to the Department of Education by July 31, 2007. Failure to submit reports by the due date shall result in suspension of financial payments until the time that the report is received. No new awards shall be made where there are delinquent reports.

OTHER CONDITIONS AND REQUIREMENTS: Unless otherwise stipulated, the requirements listed below shall apply:

1. **ACCOUNTING:** Invoices for all expenses allowed by the grant must be maintained at the agency site.
2. **TERMINATION:** This grant may be terminated by either party upon ten (10) days written notice, except as provided in 281 Iowa Administrative Code Chapter 64.
3. **NONTRANSFERENCE:** Unless otherwise stipulated in this grant agreement or the approved application, the grantee shall not transfer any interest in this grant without prior written approval from the Child Development Coordinating Council.
4. **AMENDMENTS:** Requests to this grant must be approved in writing by both parties prior to becoming effective.
5. **EQUIPMENT:** Equipment purchases must be placed on an inventory to be maintained at the agency site.
6. **INDEMNIFICATION:** The grantee agrees jointly and severally to indemnify and hold the State, its successors and assigns harmless from and against all liability, loss, damage, or expense, including reasonable counsel fees, which the State shall incur by reason of the failure of the grantee to perform fully and comply with the terms and obligations of this agreement.
7. **AVAILABILITY OF FUNDS:** If this grant has a multi-year operational period, its continuation is subject to the future availability of State funds under the program from which it is supported, as well as to compliance with all terms of the grant.
8. **NONRELIANCE:** The Council does not, by approval of a grant or budget within a grant, guarantee that subsequent or continuation grants will be approved. The Council retains the authority and discretion to approve or disapprove any grant application.
9. **ASSURANCE:** The grantee, by signature affixed below, assures the Council that the grantee is operating in compliance with all applicable federal, state, and local statutes, rules, and regulations, and the terms of the approved grant.
10. **REPRESENTATIONS, VERBAL OR WRITTEN, THAT MAY HAVE BEEN MADE PRIOR TO THE SIGNING OF THIS GRANT AND ARE NOT EXPRESSLY STATED IN THE TERMS OF THE GRANT, ARE NONBINDING, VOID AND OF NO EFFECT. NEITHER PARTY HAS RELIED ON SUCH PRIOR REPRESENTATIONS IN ENTERING INTO THIS GRANT AGREEMENT.**

X _____	_____	____/____/____
GRANTEE ADMINISTRATOR	TITLE	DATE

X _____	_____	____/____/____
GRANT BUSINESS OFFICE (AGENCY)	TITLE	DATE

_____	Dept. of Education Consultant	____/____/____
CDCC CHAIR (or Designee)	TITLE	DATE

_____	Grant Fiscal Contact	____/____/____
DE AUTHORIZING SIGNATURE	TITLE	DATE

GRANTEE: SIGN, DATE, AND RETURN ORIGINAL GRANT AGREEMENT TO THE COUNCIL. ALL SIGNATURES MUST BE ORIGINAL. STAMPED SIGNATURES ARE NOT ACCEPTABLE.

UPON APPROVAL OF THE GRANTEE'S RENEWAL APPLICATION, THE COUNCIL REPRESENTATIVE WILL SIGN, DATE AND SEND A COPY OF THIS GRANT AGREEMENT TO THE GRANTEE. THIS GRANT AGREEMENT WILL BE VALID AND IN FORCE WHEN YOU RECEIVE A COPY WITH THE COUNCIL'S AUTHORIZING SIGNATURE.

2006-2007
PARENT SUPPORT GRANT CONTACTS

1. President of the Board or Executive Director of the Agency:

Name: _____

Title: _____

Address: _____

Telephone: _____ e-mail: _____

2. Finance Manager for the School or Agency (contact for grant budget/financial report):

Name: _____

Title: _____

Address: _____

Telephone: _____ e-mail: _____

3. Grant Program Manager (contact for application/final report):

Name: _____

Title: _____

Address: _____

Telephone: _____ e-mail: _____

FAX: _____

2006-2007 BUDGET REQUEST FORM

Agency: _____ Grant #: _____

Site Name/Location: _____

Budget Summary

Funding Category	Budgeted Grant Amount	Estimated Amount of In-Kind Support
TOTAL Salaries & Benefits	\$	\$
TOTAL Travel & Training	\$	\$
TOTAL Purchased Services	\$	\$
TOTAL Supplies	\$	\$
TOTAL Capital Outlay	\$	\$
TOTAL Other Expenses	\$	\$
GRAND TOTAL:	\$	\$ *

** In-kind support must be equal to 20% of the total grant amount.*

Review the following guidelines carefully as you plan your budget.

Please complete all budget information on the form included. If necessary, add supporting documentation after the budget pages. This documentation may not exceed 1 page in length.

SALARIES & BENEFITS: (Note: IRAs may not be purchased with grant funds) Salaries requested shall be stated by line item for personnel involved with the program and the percentage of time employed. List staff salaries and fringe benefits in this category. ***Administrative costs may not exceed 10% of the total grant budget.*** Administrative costs are those indirect costs which the agency incurs as a result of operating this program.

TRAVEL & TRAINING: Includes staff travel and staff development/training. Staff training and development must be identified.

PURCHASED SERVICES: Includes medical and dental services, not to exceed \$500; reimbursement to employees for required physicals every three years, not to exceed \$60 per employee every three years; transportation costs for enrolled children and their families.

SUPPLIES: Includes consumable items and materials. ***Amount requested may not exceed 10% of the total grant budget.***

CAPITAL OUTLAY: Includes primarily transportable, non-consumable items. ***Amount requested may not exceed 10% of the total grant budget.*** Items purchased must be included on the program inventory sheet for the year-end report.

OTHER EXPENSES: Includes food costs for the program and for parent group meetings. Remodeling costs and excessive technological expenses will not be allowed.

In-kind support must be documented and equal to 20% of the total grant amount.

Each program shall have an annual financial audit of its financial records. The audit shall be retained by the grantee, but shall be available to the Council upon request. If, and when, an audit exception is discovered within the program, the agency must forward a copy of the audit exception and the agency's response to that exception within 30 days of issuance of the final report.

2006-2007 DETAILED BUDGET

Funding Category	Grant Budget	Estimated Amount of In-Kind Support	Describe In-Kind Support
<i>SALARIES & BENEFITS:</i>			
Salaries	\$	\$	
Employee Fringe Benefits	\$	\$	
Other	\$	\$	
Administrative Costs (not to exceed 10% of grant budget)	\$	\$	
TOTAL Salaries & Benefits	\$	\$	
<i>TRAVEL & TRAINING:</i>			
Staff Travel	\$	\$	
Staff Training	\$	\$	
TOTAL Travel & Training	\$	\$	
<i>PURCHASED SERVICES:</i>			
Transportation	\$	\$	
Staff Physicals (not to exceed \$60 per employee)	\$	\$	
Dental/Medical (not to exceed \$500)	\$	\$	
TOTAL Purchased Services	\$	\$	
<i>SUPPLIES (primarily consumable):</i>			
TOTAL Supplies (not to exceed 10% of grant budget)	\$	\$	
<i>CAPITAL OUTLAY:</i>			
TOTAL Capital Outlay (not to exceed 10% of total budget)	\$	\$	
<i>OTHER EXPENSES:</i>			
Food Costs	\$	\$	
Other: (specify)	\$	\$	
Other: (specify)	\$	\$	
TOTAL Other Expenses (not to exceed 10% of grant budget)	\$	\$	
GRAND TOTAL:	\$	\$	

**IOWA DEPARTMENT OF HUMAN SERVICES (DHS)
Lead Agency for the Child Care Development Funds (CCDF)**

&

**IOWA DEPARTMENT OF EDUCATION (DE)
Administering Agency for State-Funded Parent Support Preschool Services**

Certification of State Matching Funds for CCDF

**CDCC PARENT SUPPORT GRANTEE
DECLARATION OF MATCH
SFY 06**

Type of Program: _____ Public School
 _____ Head Start
 _____ Licensed, Non-profit Child Care Center
 _____ Area Education Agency
 _____ Non-profit Agency

Total Parent Support Grant Allocation for SFY 06: \$_____

**Total Amount of Allocation Used as Matching
Funds in Applications for Federal Grants: \$_____**

2006-2007
COMPREHENSIVE CHILD DEVELOPMENT PROGRAM
ASSURANCE STATEMENTS

Part A: Nondiscrimination

The applicant agency hereby assures the state that this agency does not discriminate on the basis of race, color, national origin, sex, disability or age, in accordance with federal statutes and regulations.

Part B: Control of Funds

The applicant hereby assures that the control of funds provided to this agency under this application, and title to property acquired with those funds, will be in the applicant agency and that this applicant agency will administer those funds and property.

Part C: Fiscal Control and Accounting Procedures

This applicant agency hereby assures that appropriate fiscal control and accounting procedures will be used to ensure proper disbursement of, and accounting for, funds paid to this agency under this application.

Part D: Program Accountability, Records and Reports

The applicant agency hereby assures that it will: (1) make reports and (2) maintain records and provide access to those records in accordance with Iowa Administrative Rules and at other times when requested by the Director of Education. The agency grant program manager is responsible to notify the Child Development Coordinating Council immediately at any time a deviation occurs which necessitates altering any of the goals or other sections as stated in the grant application.

Part E: Program Intent

This applicant agency hereby assures that the activities covered by this application will be administered in accordance with applicable statutes, regulations, program plans, and applications. Specifically, the applicant agency will: (1) address the comprehensive needs of at-risk children and families with incomes below 130% of the poverty threshold; and (2) provide an NAEYC-accredited preschool program and renew accreditation every three years.

CERTIFICATION and ASSURANCE

I CERTIFY that, to the best of my knowledge, the information contained in the agency's application is correct and complete and that the applicant agency has authorized the undersigned as its representatives, to give the above assurances.

Signature of Authorized Applicant Official: _____

Title: _____

Name of Agency: _____

Date: _____